



SECTION A. COMPANY AND CONTACT INFORMATION

2. Name of Contact Person: _____

Phone () Fax ()

3. Name and Address: _____

4. Company NAICS Code _____

[illegible]

	Year 1 ()	Year 2 ()	Year 3 ()	Year 4 ()	Year 5 ()
Total Annual Payroll					

7. Health Insurance

- What type of Health insurance will the company offer employees? What percentage of Healthy insurance will the company pay?

***Please submit Paperwork to certify Health benefits, which will be offered to employees**

SECTION D. INVESTMENT INFORMATION

8. Total dollar amount for proposed project improvements:

Real Property	
Land	\$
Existing Building Improvements	\$
New Building Improvements	\$
Total	\$
Personal Property	
Equipment	
Computers	\$
Machinery	\$
Other- Specify _____ (attach additional sheets if necessary)	\$
Furniture and Fixtures	\$
Total	\$
Grand Total	\$

9. What is the present year Central Appraisal District appraised value on:

Real Property	\$	Personal Property	\$
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9. Please provide timeline for proposed project:

SECTION E. CERTIFICATION

I hereby certify that the information contained on this application is true and correct.

Name and Title of Officer of Company: _____

Signature: _____

Date:

Return Completed Application to:

**Eddie Garcia
Garciaez2@elpasotexas.gov
Business Services Coordinator
Economic & Int'l Development Department
801 Texas Ave. 2nd Floor
El Paso Texas, 79901**